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CONFIRMATION NO. 5909

Bib Data Sheet

SERIAL NUMBER 10/686,196	FILING DATE 10/15/2003  RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. 16-471						
<b>APPLICANTS</b> Gregory A. Shteyngarts, Solon, OH;										
<b>** CONTINUING DATA *****</b> <div style="text-align: center; font-size: 1.2em;">NONE</div>										
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center; font-size: 1.2em;">NONE</div>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/31/2004										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            met            Verified and Acknowledged <span style="float: right;">ga</span> </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           STATE OR COUNTRY OH         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS DRAWING 3         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL CLAIMS 26         </td> <td style="width: 15%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT CLAIMS 5         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <span style="float: right;">ga</span>	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5	
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<b>ADDRESS</b> WATTS, HOFFMANN CO., L.P.A. Ste. 1750 1100 Superior Ave. Cleveland , OH 44114										
<b>TITLE</b> Knife-like cutting die										
FILING FEE  RECEIVED 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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